



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

REFERENCES:
505 KAR 1:120
3-JTS-4C-04, 34, 41, 47
3-JDF-4C-04, 33, 39, 45
3-JCRF-4C-14, 27
1-JBC-4C-27, 32, 42
NCCHC Y-A-12, Y-E-08, Y-E-10

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Psychiatric Hospitalization	
POLICY NUMBER: DJJ 405.6	
TOTAL PAGES: 3	
EFFECTIVE DATE: 4/4/2014	
APPROVAL: A. Hasan Davis	, COMMISSIONER

I. POLICY

Arrangements shall be made in advance for providing in-patient and emergency care for psychiatric conditions.

II. APPLICABILITY

This policy shall apply to all group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Suicide Prevention and Intervention). Reference DJJPP Chapter 6 (Mental Health Services, Referrals, and Psychiatric Hospitalization) for related Community Services policy. Reference DJJPP Chapter 4 (Emergency Medical Services) for related data regarding medical/surgical hospitalization.

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

- A. Youth whose behavior presents serious danger to self or others and requires constant protective supervision beyond the capabilities of the program, shall be immediately referred for inpatient psychiatric care or other protective care.
- B. Superintendents or the Fiscal Branch shall develop and have approved by The Chief of Mental Health Services or designee a Memorandum of Understanding with each hospital or urgent care center DJJ utilizes for in-patient and emergency psychiatric services.
 1. The hospital shall be required to contact the Superintendent for pre-approval for any and all furloughs, day leaves and off-grounds activities passes.

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2. In the event of an escape, assault, serious injury or any other event of a critical nature, the hospital shall be required to provide direct notification to the Superintendent within 12 hours of the occurrence. A written account of the incident shall be provided to the appropriate DJJ Regional Division Director within 24 hours of the occurrence of the incident. Effort to contact any listed parent or guardian shall also be required of the hospital.
 3. The hospital shall be required to provide immediate and direct notice to the Superintendent of a Medicaid de-certification decision. A written letter shall not substitute for this notification.
 4. The hospital shall be required, upon request from Treatment Director or counselor, to provide all records at the return of the youth to DJJ. For hospitalizations that exceed one month, upon request from Treatment Director or counselor, a progress report shall be submitted to the Superintendent or designee on a monthly basis.
- C. The Treatment Director or Counselor shall consult with a Regional Psychologist or Chief of Mental Health Services to discuss a possible hospitalization.
 - D. A DJJ Regional Psychologist, the Director for the Division of Community and Mental Health Services, or the Chief of Mental Health Services may approve and accept financial responsibility for an emergency hospitalization on the behalf of the Department. This approval may be made by phone or faxed signature on the appropriate forms for each hospital.
 - E. No other DJJ staff shall sign any financial responsibility forms for an emergency psychiatric hospitalization for a DJJ youth.
 - F. Staff shall accompany youth to hospital and stay with him at least through admission.
 - G. Parents or legal guardians and the Juvenile Service Worker (JSW) shall be notified as soon as possible if hospitalization is needed for a youth.
 - H. The Treatment Director or counselor shall notify the Regional Psychologist and the superintendent or designee of an admission or discharge.
 - I. The Treatment Director shall notify the JSW who will then contact the benefits worker concerning medical/MEDICAID coverage.
 - J. The youth shall generally be returned to the pre-hospitalization placement unless there are extenuating circumstances to cause consideration for placement adjustment. It shall be the responsibility of the Superintendent and the Regional Manager or Residential Facilities Administrator to work with the Classification Branch Manager if a placement adjustment is required.
 - K. It shall be the intent of the Department to have youth discharged from the hospital no later than 24 hours following Medicaid de-certification. Exceptions to extensions beyond 24 hours may only be made by the Regional Division Director.

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- L. When a youth is returned to a DJJ facility from a psychiatric facility the youth shall be rescreened incorporating information from the hospital and the treatment plan will be modified accordingly.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the Chief of Mental Health Services or designee(s) and the Division of Program Services.